



CAPACITY ASSURANCE REVIEW APPLICATION (FLOW ACCEPTANCE & WILLINGNESS TO SERVE)

All requests require a utility drawing indicating the proposed water/sewer connection point(s) and sizes.

1	REQUESTED BY			
2	First Name		Last Name	MI
	Address		e-mail	
	City	State	Zip	Phone
	PROJECT LOCATION			
3	Project Name			
	Site Address			
	City	State	Zip	Tax Parcel Number
	PROJECT INFO			
Complete the following:				
1. Project is: <input type="checkbox"/> new; <input type="checkbox"/> modification				
2. Type of development? (15A NCAC 02T.0114 Wastewater Design Flow Rates)				
a. Residential, apartment _____ units				
b. Residential, townhome/condominium _____ units				
c. Amenity Center (sf) or Pool (people) _____ sf/persons				
d. Residential, single-family _____ lots				
i. Public Roads? <input type="checkbox"/> Y <input type="checkbox"/> N				
e. Restaurant _____ seats				
f. Retail or Retail with food prep _____ sf				
g. Office _____ #emp/shift				
h. Warehouse _____ #loading bays				
i. Hotel or Suites _____ rooms				
j. School _____ students				
i. Cafeteria <input type="checkbox"/> Y <input type="checkbox"/> N				
ii. Gym/Locker rooms <input type="checkbox"/> Y <input type="checkbox"/> N				
k. Other (provide flow calculations) _____				
3. Will this project have a pool? <input type="checkbox"/> Y* <input type="checkbox"/> N				
*if yes, pool must have a 4-inch drain line				
4. Will this project have a private sewer lift station? <input type="checkbox"/> Y <input type="checkbox"/> N				
5. Total wastewater flow requested (average daily flow in gpd, show calculations) _____				
6. Commercial only: Peak wastewater flow requested (peak hourly flow in GPH) _____				
7. Average Daily Water Demand: _____				
8. Peak Water Demand (GPM): _____				
9. Does this project include a 6-inch or larger private sewer line providing service to multiple buildings? <input type="checkbox"/> Y <input type="checkbox"/> N				
10. Does this project include a 2-inch or larger private water line providing service to multiple buildings? <input type="checkbox"/> Y <input type="checkbox"/> N				
OFFICE USE ONLY	CLTWater Tracking #: _____		Map #: _____	
	Does the flow transmit through a CLTWater lift station? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, which station? _____	
	WWTF: McAlpine / McDowell / Irwin / Sugar / Mallard / Rocky River		Flow amount (gpd): _____	
	Basin: _____			

Mail, deliver or fax this application to:

CHARLOTTE WATER

5100 Brookshire Blvd

Charlotte, NC 28216

e-mail: bgross@charlottenc.gov

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